

Fishers of Men High School Angler Series Entry Form

Team Member #1/Team Captain

Please fill in ALL blanks REQUIRED

State _____ Club Name/# _____

School Name/Mascot _____

TBF/SAF # _____ FLW# _____

Full Name _____

Sex: M ___ F ___ Birthdate _____ Age _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone _____

Cell Phone _____

Parent's Phone _____

Last Grade Completed _____ Grade in NOW _____

Do you have any physical impairments? Yes ___ No ___

If yes, please explain _____

Student Signature _____

Guardian Signature _____

(if student is under 18, 19 in Alabama and Nebraska)

Team Member #2

Please fill in ALL blanks REQUIRED

State _____ Club Name/# _____

School Name/Mascot _____

TBF/SAF # _____ FLW# _____

Full Name _____

Sex: M ___ F ___ Birthdate _____ Age _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone _____

Cell Phone _____

Parent's Phone _____

Last Grade Completed _____ Grade in NOW _____

Do you have any physical impairments? Yes ___ No ___

If yes, please explain _____

Student Signature _____

Guardian Signature _____

(if student is under 18, 19 in Alabama and Nebraska)

BOAT CAPTAIN INFORMATION

Full Name _____ Sex: M ___ F ___ Birthdate _____ Age _____

Mailing Address _____ City _____ State _____ Zip _____

Email _____ Home Phone _____ Cell Phone _____ TBF

(if member) _____ Competed in FOM Tournament? Yes ___ No ___ Have Boating Liability Insurance? Yes ___ No ___

Boating Accident in last 5 years? Yes ___ No ___ If yes, please explain _____

Do you have any physical impairments? Yes ___ No ___ If yes, please explain _____

Boat Information:

Boat Make/Model _____ HP Rating _____ Motor Make/Model _____

Motor HP _____ Trolling Motor Make/Model _____ Electronics Make _____

Boater Signature _____ Date _____

High School Fishing PARTICIPANT RELEASE OF LIABILITY –

Team #

READ BEFORE SIGNING

In consideration for permission to voluntarily participate in tournaments, events, programs, and related activities conducted by Fishers of Men, I acknowledge, appreciate, and agree that:

The risk of injury, disability, death, loss or damage to my person or property from the activities involved in this program is significant, **including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk**, the risk of serious injury does exist; **AND**, I have been advised by TBF and/or FLW, and have had the opportunity to seek legal counsel with respect to the legal effect of this document; **AND**, I KNOWINGLY AND FREELY ASSUME ALL RISKS REFERRED TO ABOVE, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE BASS FEDERATION, INC. and/or FLW, LLC, THEIR OFFICERS, OFFICIALS, DIRECTORS, SHAREHOLDERS, AGENTS, AND/OR EMPLOYEES, OTHER PARTICIPANTS, AND SPONSORING AGENCIES, SPONSORS, ADVERTISERS, THEIR PARENT AND AFFILAITE COMPANIES AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES AND PROPERTY USED TO CONDUCT THE EVENT (“RELEASEES”) OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR RISKS ARISING FROM MY PARTICIPATION; **AND**, I willingly agree to comply with the terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the immediate attention of the nearest official; **AND I**, FOR MYSELF AND ON BEHALF OF MY HEIRS,

ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS RELEASEES, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHICH I SUFFER OR WHICH I AM FOUND TO HAVE CAUSED IN WHOLE OR IN PART BY MY NEGLIGENCE OR INTENTIONAL MISCONDUCT, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES, OR OTHERWISE, TO THE FULLEST EXTENT OF THE LAW.

I agree to submit, by signature on this document, to a polygraph or voice stress analysis examination. Hereinafter known as a truth verification test, and abide by its conclusion. Truth verification test(s) will be used at Fishers of Men sole discretion, and administered by Fishers of Men or its agents. I understand that failure to pass the examination as determined by Fishers of Men will result in disqualification. I certify that the number shown on these forms is my correct taxpayer identification number.

Having fully acquainted myself with the tournament rules, I have completed this application and submit it for my entry. In signing this application, and by my presence at the event, I hereby agree to be bound by and comply with all tournament rules, participant release of liability and safety regulations. I expressly assume all risks associated with the tournament. If I am using a boat during the official practice or the event, I certify that I now have, or will obtain prior to the event, property damage\ watercraft liability insurance having a reasonable limit. Said insurance must cover injury and/or damage incurred in connection with the event. Upon request, I will provide satisfactory evidence of said insurance. I certify that training compliant with the Safe Sports Act of 2017 has been made available to me this year. I hereby wave my rights of privacy or publicity with regard to the unconditional right to use my name, voice, photographic likeness, video and biographical information and fishing tips and instructions in connection with any reproduction of same, video\audio productions and/or articles and press releases by TBF, FLW, their parent or affiliate companies, and those acting under their permission, anywhere at any time, through any medium or media. I shall not be entitled to receive any royalties or other compensation in connection with such use. I further understand and agree that the tournament officials reserve the right to reject my application for any reason whatsoever.

The Participant(s) signifies by their signature below that they have read and understands the foregoing provisions.

Angler A- Dated _____ Age _____ Signed _____

Angler B - Dated _____ Age _____ Signed _____

Boat Captain - Dated _____ Age _____ Signed _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X

_____ **A - PARENT/GUARDIAN'S SIGNATURE** EMERG. PHONE # (s) : _____ Date Signed _____

X

_____ **B - PARENT/GUARDIAN'S SIGNATURE** EMERG. PHONE # (s) : _____ Date Signed _____